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CONFIRMATION NO. 5595

SERIAL NUMBER 10/668,673	FILING OR 371(c) DATE 09/23/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. CT/00-001.CIP.D2	
APPLICANTS Mark W. Hitchins, Sewickley, PA; Kevin P. Cowan, Allison Park, PA; Francis J. Sciulli, Crafton, PA; Robert D. Parks, Pittsburgh, PA;					
** CONTINUING DATA ***** This application is a DIV of 09/777,020 02/05/2001 PAT 6,652,489 which is a CIP of 09/718,230 11/21/2000 ABN and claims benefit of 60/180,647 02/07/2000 and claims benefit of 60/229,550 09/05/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 137	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
ADDRESS 21140					
TITLE FRONT-LOADING MEDICAL INJECTOR ADAPTED TO RELEASABLY ENGAGE A SYRINGE REGARDLESS OF THE ORIENTATION OF THE SYRINGE WITH RESPECT TO THE INJECTOR					
FILING FEE RECEIVED 1850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		